

HIPAA Essentials



UNIQUE IDENTIFIERS

Overview:

The standard identifiers included in the HIPAA legislation are the National Provider Identifier, Employer Identifier, Payer Identifier and Patient Identifier.

National Provider Identifier

Historically, government and private health plans have assigned identifications numbers to providers of health care services and suppliers. These health plans, independently of each other, assign identifiers to providers for program management and operations purposes. The identifiers are not standardized within a single health plan or across plans. This lack of uniformity results in health care providers having different numbers for the same program and often multiple billing numbers issued within the same program, significantly complicating providers claims submission process.

Most health plans have coordination of benefits with other health plans to ensure appropriate payment. The lack of a single and unique identifier for each health care provider within and across health plans makes the exchanging of data expensive and difficult. The use of a standard, unique provider identifier would improve accuracy and assist in overcoming communication and coordination difficulties. All of these factors indicate the complexities of exchanging information on health care providers. As we become more dependent on data automation, electronic commerce and proceed in planning for health care delivery, the need for a universal, standard health care provider identifier becomes more and more evident.

Considerable effort and research has gone into developing the standard for the provider number. Participants in this effort came from the government and private sector. Although final rules have not been published it is expected that the identifier will be an 10 digit numeric identifier and would be required on all standard electronic health care transactions that require provider identification.

Employer Identifier

Because of the widespread use of the Employer Identification Number (EIN) to identify employers in health transactions, the EIN is being proposed as the national standard for the employer identifier for electronic health transactions. The EIN is an identifier that is already assigned to each employer for tax identification purposes and its adoption would not result in additional data collections or paperwork thereby furthering the administrative simplification objectives. The EIN is defined as the taxpayer identifying number of an individual or other person (whether or not an employer). The EIN would be nine digits separated by a hyphen and would appear as 00-0000000.

Payer Identifier

The payer identifier is a standard and uniform identifier that would apply to "health plans" referred to in the HIPAA legislation. "Health plan" is defined as an individual or group plan that provides for or pays the cost of medical care. This definition also includes a significant group of employees welfare benefit plans, state regulated insurance plans, managed care plans and essentially all government health plans. Proposed rules to select a payer ID are expected to be published in the 2nd quarter of the year 2000.



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Health Identifier for Individuals

This specific identifier has received considerable attention because of the significance of the identifier. Areas of question include,

- confidentiality and privacy concerns;
- choice and implementation of an individual identifier;
- legal protection;
- the model to be used for the identifier;
- cost associated with transition to a new identifier and who should pay for those costs; and
- implementation issues.

The Department of Health and Human Services has published a white paper to identify and discuss the options for this identifier. The National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards and Security have a website where additional information is available. Their website is http://aspe.os.dhhs.gov/ncvhs/.